



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

DASG-PPM-NC

10 June 2002

MEMORANDUM FOR Commanders, US Army Medical Command Major
Subordinate Commands

SUBJECT: The US Army Heat Injury Prevention Program

1. References:

- a. FM 21-10, Field Hygiene and Sanitation, 21Jun 00
- b. FM 4-25.12 (21-10-1), Unit Field Sanitation Team, 25 Jan 02
- c. FM 4-10.17, Preventive Medicine Services, 28 Aug 00
- d. "Clinical Diagnosis, Management, and Surveillance of Exertional Heat Illness," John W. Gardner and John A. Kark, in *Deployment Health* (Textbook of Military Medicine Series) Washington, D.C.: the Borden Institute, 2001, pp. 231-279

2. The 2002 heat injury season has begun. Heat injury and illness continue to pose a significant health threat to soldiers. I have reviewed the recent Army data on heat injuries and am committed to making improvements in the Army Heat Injury Prevention Program (HIPP). My vision for the Program this year (see enclosure) and my challenge to the AMEDD can be summed up in the words: LEARN, COORDINATE, LEAD, and CONTRIBUTE. LEARN about heat injury, COORDINATE with leaders and commanders, LEAD the medical mission in the field and at training sites, and CONTRIBUTE scientifically back to the system.

3. MEDCOM and the AMEDD have dual responsibilities to the Army HIPP. The AMEDD is responsible for supporting commanders in their efforts to protect soldiers against heat injury and also bears the responsibility to provide the best possible care for soldiers who succumb to the heat. Over the last several years, new doctrine and guidance has been published, as referenced above. The Army HIPP is based on sound science and incorporates state-of-the art best practices.

4. The US Army operational tempo has increased significantly. Training requirements have increased in turn. Our soldiers are training and deploying to areas where proper instruction in heat injury prevention can be life-saving and may make the difference in successful completion of the mission.

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5. Point of contact is: LTC Regina Curtis, Preventive Medicine Staff Officer, Proponency Office for Preventive Medicine, Office of the Surgeon General, DSN 761-3017, Commercial (703) 681-3017; e-mail Regina.Curtis@otsq.amedd.army.mil.

6. Force health protection and the safety of every US Army soldier is the mission of the US Army MEDCOM. Your dedication to this mission is essential.

Encl

JAMES B. PEAKE, M.D.
Lieutenant General
Commandingl

CF:

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